

Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health Division of Health Professions Licensure

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CHRISTINE C. FERGUSON
COMMISSIONER

PETITION FOR A WAIVER OF THE PROVISIONS OF 247 CMR FOR LICENSURE OF A PHARMACY AND OR PHARMACY DEPARTMENT

Application to be completed by the registered pharmacist who is or shall be responsible for the management and operation of the pharmacy and or pharmacy department.

Pursuant to 247 CMR (14.01), I hereby apply for a special or limited use pharmacy or pharmacy department permit because the type of pharmacy practice is of a special, limited or unusual nature as compared to regular pharmacy services.

Traine of pharmacy and of pharmacy department.	
Location:	
Phone number:	
Contact Person:	
and the second about to complete the fellowing and attach about to application.	

Please use separate sheets to complete the following and attach sheets to application:

Name of pharmacy and or pharmacy department:

- 1. List the regulatory requirements(s) for which a waiver is requested and provide an explanation as to why each regulation should not apply to the pharmacy/pharmacy department.
- 2. Explain the compelling public interest that would be served by the granting of a waiver.
- 3. Explain why adherence to the regulation(s) would be impractical and unduly burdensome.
- 4. Include a comprehensive statement of the policies and procedures of the proposed operation, including safeguards to protect the public health, welfare and safety.

Before acting upon any petition the Board may require the applicant to personally appear before the Board to answer questions that would enable the Board to determine that the issuance of a permit would be in the best interest of the public health, welfare and safety and adherence to 247 CMR would be unreasonable.

Upon the granting of a waiver and issuance of a special or finding that recites the specific Board regulations(s) which waiving the regulation(s) at issue, and lists and contingent pharmacy department may operate.	h are being waived, the reasons the Board is
I declare that the statement and answered herein-contained penalties of perjury.	d are true and are made under the pains and
Signature of pharmacist manager of record	Date